

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007730
1. Entity Name
E.I. AVIATION, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02

Principal Place of Business
601 BRICKELL KEY DRIVE #200
MIAMI FL 33131

Mailing Address
601 BRICKELL KEY DRIVE #200
MIAMI FL 33131



2. Principal Place of Business
501 BRICKELL KEY DR.
Suite, Apt. #, etc. SUITE 405
City & State MIAMI
Zip 33131 Country DADE

3. Mailing Address
501 BRICKELL KEY DR.
Suite, Apt. #, etc. SUITE 405
City & State MIAMI
Zip 33131 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ, JUAN C
601 BRICKELL KEY DRIVE #200
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name JUAN C. SANCHEZ
Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DR.
SUITE 405
City MIAMI FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE JUAN C. SANCHEZ MGR 7/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ENRIQUE IGLESIAS MGR 501 BRICKELL KEY #405 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003368199-1 -08/23/00--01021--018 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete JUAN C. SANCHEZ MGR 501 BRICKELL KEY #405 MIA FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED SANCHEZ MGR 7/24/00
Signature, typed or printed name of signing managing member or manager Date Daytime Phone #

CR2E083 (5/00)